

TRI-COUNTIES REGIONAL CENTER EXECUTIVE DIRECTOR REPORT

November 6, 2015

I. FY 2015-2016 BUDGET UPDATE

- **Attachment #1:** Agenda for Developmental Services Task Force Meeting Held on October 28, 2015
- **Attachment #2:** CDCAN Report (Oct. 28, 2015): CA Health and Human Services Agency Developmental Services Task Force Meeting Today October 28, 10 AM to 3 PM – Meeting Being Held as Major Funding Crisis in Health Care and Developmental Services Remain Unresolved
- **Attachment #3:** ARCA Summary of Developmental Services Task Force Meeting Held on October 28, 2015

The Brown Administration's "Developmental Services Task Force", chaired by California Health and Human Services Agency Secretary Diana Dooley held its fifth meeting on October 28, 2015 in Sacramento (**Attachment #1-#2**). The Developmental Services Task Force was created as a result of the Governor's veto of the provision in the FY 2014-2015 Budget Bill that would have required the Department of Developmental Services (DDS) to conduct a study with stakeholders to review and recommend an update of the core staffing formula for the 21 regional centers and the rate setting methodologies for community based service and supports. The focus of the task force is to identify ways to strengthen the community based services and supports for people with developmental disabilities. The task force meeting was held six weeks after the end of the 2015 Legislative session that left funding crisis issues unresolved for the Developmental Services system and the meeting also coincided with the Brown Administration's current efforts to put together the Governor's proposed State budget for the FY 2016-2017 which will be submitted to the Legislature on January 10, 2016.

A few highlights of the meeting included Secretary Dooley reiterating her disappointment that the Special Session of the Legislature did not yield a solution to the Managed Care Organization Tax issue which could result in an unpleasant Governor's Budget Proposal for FY 2016-2017 to be released on January 10, 2016. The Secretary also indicated that the State needs to conduct a large, sophisticated rate study with the help of a contractor to reform service provider rates. Due to the amount of time the rate study may take (2-3 years), members recommended that there be two processes, one focused on immediate financial relief and the other focused on long term reform. It was also noted that Association of Regional Agencies (ARCA) is working on a proposal regarding reforming the Regional Center OPS budget Core Staffing Formula which will drive future work in this area. Secretary Dooley noted that it is highly unlikely that a rate increase proposal for either service providers or

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Regional Center OPS will appear in the Governor's January Budget proposal (**Attachment #3**).

II. DEPARTMENT OF DEVELOPMENTAL SERVICES DIRECTOR SANTI ROGERS TO RETIRE EFFECTIVE DECEMBER 1, 2015

- **Attachment #4:** CDCAN Report (Oct. 28, 2015): State Capitol Update – Department of Developmental Services Director Santi Rogers to Retire Effective December 1, 2015

Santi Rogers, Director of the Department of Developmental Services will retire from state service, effective December 1, 2015. Rogers whose appointment was announced January 14, 2014, took office in March 3, 2014. No replacement has yet been selected and a search for a new director will be underway. Since it is highly unlikely that a replacement will be selected by December 1, 2014, there will most likely be interim leadership provided by California Health and Human Services Agency Under Secretary Michael Wilkening (**Attachment #4**).

III. NEW LEGISLATION

- **Attachment #5: CDCAN Report (Oct. 5, 2015):** Governor Brown signs “End of Life Options Act”, Also Known by Opponents as “Assisted Suicide”
- **Attachment #6: CDCAN Report (Oct. 11, 2015):** Governor Signs “ABLE Act” Bills to Implement New Federal Savings Program for People with Disabilities and the Blind

Governor Jerry Brown had until midnight October 11, 2015 to sign, veto or allow to become law without his signature, bills passed by the Legislature in its final days of the 2015 Legislative session that adjourned on September 11, 2015. Governor Brown signed several bills impacting people with developmental disabilities and/or the Developmental Disabilities Services System.

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ABx2 15 (Eggman) – End of Life Options Act

California will join the states of Montana, Oregon, Vermont, and Washington that will allow a dying person to request a drug to end one's life. The bill was strongly opposed by many individuals and advocates of persons with developmental disabilities and disability rights raising concerns that the law could negatively impact persons with developmental disabilities in an unintended and disproportionate manner. The measure was also opposed by many religious groups and some in the medical profession. The bill had very strong support from individuals and families with a loved one who had or currently have a terminal illness, some senior advocacy groups and several medical and health associations (**Attachment #5**).

SB 324 (Pavley) – Income Taxation: Savings Plan: Qualified Achieving a Better Life Experience (ABLE) Act Program

SB 324 (Pavley) establishes a California Achieving a Better Life Experience (ABLE) program that will allow eligible persons with disabilities including developmental disabilities to save money, including earned income, in special savings accounts that would not be, up to \$100,000, included in calculating the individual's income for eligibility supports and services. The funds can be used for certain qualifying disability related expenses. The structure and tax treatment of the account generally follows the same rules as a "529 Educational Savings Account" (**Attachment #6**).

AB 449 (Irwin) – Income Taxation: Savings Plan: Qualified Achieving a Better Life Experience (ABLE) Program

AB 449 (Irwin) enacts the California "Achieving a Better Life Experience Act" that will allow the creation of ABLE accounts in California and will ensure that the ABLE account earnings and distributions for qualified services are not included in the eligible individual's income for state tax purposes. AB 449 (Irwin) is a companion bill to SB 324 (Pavley) and became effective contingent on SB 324 (Pavley) also being signed into law by the Governor (**Attachment #6**).

IV. QUESTIONS & ANSWERS

Agenda for Developmental Services (DS) Task Force Meeting

Wednesday, October 28, 2015
10:00 am - 3:00 pm

State Building & Construction Trades Council
1231 "I" Street, Suite 303 – Large Meeting Room,
Sacramento, CA 95814

Conference Call Option: Dial-In: 1-888-230-6285

There is not a passcode; the AT&T operator will ask you what meeting you are joining.
Please say: "DS Task Force Meeting." Callers are encouraged to dial-in about 5-10
minutes before 10:00 a.m. to ensure they are connected to the meeting before it starts.

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- II. Budget Overview**
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 - a. Developmental Center (DC) Closures
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 - a. Future Workgroups
 - i. Medical & Mental Health Services & Supports
 - ii. Housing & Employment

From: "Marty Omoto" <martyomoto@rcip.com>
To: <martyomoto@rcip.com>
BC Omar Noorzad
Date: 10/28/2015 7:13 AM
Subject: CDCAN REPORT (OCT 28 2015): State Capitol Update - CA Health & Human Services Agency Developmental Services Task Force Meeting Today Oct 28th 10 AM to 3 PM

CDCAN DISABILITY RIGHTS REPORT

CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK

OCTOBER 28, 2015 - WEDNESDAY EARLY MORNING

ADVOCACY WITHOUT BORDERS: ONE COMMUNITY - ACCOUNTABILITY WITH ACTION

CDCAN Reports go out to over 65,000 people with disabilities, mental health needs, seniors, people with traumatic brain and other injuries, people with MS, Alzheimer's and other disorders, veterans with disabilities and mental health needs, families, workers, community organizations, facilities and advocacy groups including those in the Asian/Pacific Islander, Latino, American Indian, Indian, African-American communities; policymakers, and others across the State.

Sign up for these free reports by going to the CDCAN website. Website: <<http://www.cdcan.us>> www.cdcan.us

To reply to THIS Report write:

Marty Omoto (family member and advocate) at <<mailto:martyomoto@rcip.com>> martyomoto@rcip.com or <<mailto:martyomoto@att.net>> martyomoto@att.net [new email - will eventually replace current martyomoto@rcip.com address] Twitter: [martyomoto](#)

Office Line: 916-418-4745 CDCAN Cell Phone: 916-757-9549

STATE CAPITOL UPDATE:

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY'S DEVELOPMENTAL SERVICES TASK FORCE MEETING TODAY OCT 28 FROM 10 AM TO 3 PM; CONFERENCE CALL LINE AVAILABLE; MEETING BEING HELD AS MAJOR FUNDING CRISIS IN HEALTH CARE AND DEVELOPMENTAL SERVICES REMAIN UNRESOLVED

Issue Shadowed By Prospect of Over \$1 Billion Reductions In Health & Human Services That Brown Administration Says Will Be Necessary To Fill Gap That Will Be Caused If Existing Managed Care Organization Tax Is Not Renewed When It Expires June 2016

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 10/28/2015 05:40 AM] - The California Health and Human Services Agency Developmental Services Task Force, headed by Diana Dooley, Secretary of the California Health and Human Services Agency will convene the 5th full task force meeting, October 28, 2015, Wednesday morning, from 10:00 AM to 3:00 PM, at the State Building &

Construction Trades Council of California, 1231 I Street (entrance at 13th St.), Suite 303 - Large Meeting Room, Sacramento, CA 95814. The full task force last met on June 5, 2015.

The stakeholder task force, composed of people with developmental disabilities, family members, advocates, providers, regional centers, was created by the California Health and Human Services Agency last July to take steps toward strengthening services and supports in the community for hundreds of thousands of children and adults with developmental disabilities. [Note: CDCAN's Marty Omoto is a member of this task force, and was a member of the previous Developmental Centers Task Force].

The high level task force meeting comes six weeks after the end of the 2015 Legislative session that left unresolved the major funding crisis impacting health and human services, including the on-going crisis in funding for children and adults with developmental disabilities eligible for regional center funded community based services and supports. The meeting also comes just at the time that the Brown Administration is taking the initial steps in putting together the Governor's proposed State budget for 2016-2017, that he will submit to the Legislature on January 10, 2016.

The stalemate in the Legislature to pass a revised and expanded version of the State's existing tax on managed health care organizations that expires June 30, 2016, or some other replacement funding, means that California is facing next year a loss of funding of over \$1 billion for health and human service programs - a loss that Governor Brown warned in September and again in October will mean the need for massive spending cuts of over \$1 billion to fill that gap unless the tax plan or other funding source is passed. The Governor vetoed several bills passed by the Legislature in the closing days of session that increased on-going funding or expanded services in health and human services or increased spending impacting the State's general fund, citing that loss of over \$1 billion in federal funding.

A special session of the Legislature focused on that crisis in health care funding including the need for funding increases for developmental services and Medi-Cal provider funding that would be tied to a specific funding source, such as a tax on managed health care organizations, was called last June by Governor Brown.

That revised expanded revenue was, in a compromise proposal offered in final days of the 2015 Legislative Session, would have targeted increased funding for developmental services, continued restoration of 7% in services for all In-Home Supportive Services recipients, and fund other health programs. An increase in the State's existing tobacco tax was also included in that compromise proposal that would have provided funding increases for Medi-Cal providers. However that compromise plan, which needed super majority votes in both houses to pass, stalled, failing to get any support from legislative Republicans. Managed health care organizations also strongly opposed the plan.

Legislative Republicans, who opposed tax increases, instead offered a competing proposal that called for using existing revenues for needed funding increases for developmental services and Medi-Cal fee-for-service providers.

As of October 28th Wednesday morning, no committees or floor sessions of the health care funding special session have been held since the Legislature adjourned for the year on September 11th and it is unlikely - at this point - that any progress on that issue will be made before the Legislature returns to Sacramento in January.

This stakeholder advisory meeting is the second of two public stakeholder meetings by the Brown Administration scheduled this week focusing specifically on children and adults with developmental disabilities, with a third advisory meeting, the California Health and Human Services Agency Olmstead Advisory Committee set for next week on November 4th, that is focused on all persons with disabilities (including developmental), the blind, people with mental health needs and seniors. Yesterday, the Department of Developmental Services' Home and Community Based Services Advisory Group held a public meeting focusing on the implementation steps and impact of compliance of the new sweeping federal Medicaid regulations that have and will impact all Medicaid funded home and community based services, including nearly all funded through the 21 non-profit regional centers. CDCAN will issue full report on that meeting and today's Developmental Services meeting.

WHEN: OCTOBER 28, 2015 - WEDNESDAY

TIME: 10:00 AM to 3:00 PM

WHAT: California Health and Human Services Agency Developmental Services Task Force

WHERE:

State Building & Construction Trades Council of California

1231 I Street (entrance at 13th St.), Suite 303 - Large Meeting Room

Sacramento, CA 95814

CONFERENCE CALL LINE: 1-888-230-6285

PASSCODE: Say the words "DS Task Force Meeting" to the operator

AGENDA - LINK FROM CALIFORNIA HEALTH & HUMAN SERVICES AGENCY WEBPAGE:

http://www.chhs.ca.gov/DCTFDocs/Agenda_DS%20Task%20Force%20public%20meeting_10-28-15.pdf

AGENDA FOR OCTOBER 28TH DEVELOPMENTAL SERVICES TASK FORCE MEETING

The following is the complete text of the agenda for the October 28th Developmental Services Task Force meeting:

Agenda for Developmental Services (DS) Task Force Meeting

Wednesday, October 28, 2015

10:00 am - 3:00 pm

State Building & Construction Trades Council

1231 "I" Street, Suite 303 - Large Meeting Room,

Sacramento, CA 95814

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ii. Housing & Employment

OFFICIAL SUMMARY OF PREVIOUS TASK FORCE MEETING HELD JUNE 5, 2015

Here is the complete text of the summary (by the California Health and Human Services Agency) of the previous Developmental Services Task Force meeting held last June 5th:

DEVELOPMENTAL SERVICES TASK FORCE:

STRENGTHENING THE COMMUNITY SYSTEM

Friday, June 5, 2015 - 10:00 am to 3:00 pm

California Department of Social Services - Auditorium

Office Building 9, 2nd Floor

744 P Street

Sacramento, CA 95814

MEETING SUMMARY

WELCOME & INTRODUCTIONS

Diana S. Dooley, Secretary of the California Health and Human Services Agency (CHHS), welcomed meeting attendees including Task Force members and public participants, both in the room and on the telephone, as well as staff involved with supporting the work.

After introductions, the Secretary identified her plan to start the meeting with some context around the Governor's announcement to develop closure plans for the state's remaining developmental centers, followed by an overview and discussion of the May revision budget, an update on the implementation of the Developmental Centers (DC) Task Force recommendations, then after lunch, a review of workgroup products and discussions, closing with public comments.

CONTEXT OF GOVERNOR'S ANNOUNCEMENT

Announcing the development of closure plans for the three remaining developmental centers is due to a variety of reasons. Not only was the decision based on the recommendations of the DC Task Force Report; laws and society have moved away from large, congregate living settings. Additionally, the state continues to have difficulty maintaining certification requirements at the DCs.

Though able to make improvements at the DCs, we still have challenges in

meeting the standards, as enforced by the federal government, for all DC facilities. Federal funding has only been extended in 2-3 week increments, with the last extension for Sonoma Developmental Center (SDC) in effect through July 1, 2015. The state is currently very close to an agreement with Centers for Medicare and Medicaid Services (CMS).

Moving forward, we have to thoughtfully plan for a future without large, aging institutions in California. Working within existing resource demands, how do we assess and thoughtfully plan for service needs in the community, not just for DC residents, but also for the over 280,000 people receiving services under the Lanterman Act?

Secretary Dooley acknowledged the disappointment that the May Revision budget did not address rates or caseloads and reminded participants that the state has severe resource constraints. California has more need than we have resources to meet. Constitutional requirements for increased state revenues limit our options. As advocates for people who have needs, it is important that the members of the Task Force keep looking to identify alternative sources of revenue. We have to prioritize needs, so that as funds become available, we spend them in the most responsible way possible. As an administrator, Secretary Dooley must balance needs over all areas of government that fall under Health and Human Services. It is necessary to reform how services are delivered in the community.

Secretary Dooley then addressed the announcement of the state's intent to develop closure plans in the May Revision budget. SDC is proposed to be closed by the end of 2018, followed by Fairview Developmental Center and the general treatment area of Porterville Developmental Center over the next 6-7 years. She noted that the announcements are not the actual closure plans, a closure plan is a specific, detailed document with parameters and stakeholder engagement outlined by state law. For SDC, there is a very ambitious timeline to turn around a closure plan by October 1, 2015. Nothing about this work affords us the time we'd like to achieve these goals. The combination of pressures faced requires us to go the extra mile to meet these timelines. Concurrent with the development of the closure plan for SDC, we will work side by side with the Sonoma Coalition to develop a plan for the physical plant and site of SDC, recognizing its tremendous value to the Sonoma community.

The closures are a massive challenge. Secretary Dooley is committed to being a partner to set a future for people at SDC, FDC, PDC and throughout California to let people live as comfortably, safely and compassionately as we can, together.

DISCUSSION ITEMS

- Participants appreciated the sensitivity and candidness of Secretary Dooley's comments and acknowledged the big changes the system is facing.
- Clarity on the timelines for the closure plans, legislative approval and ability to move forward on different items was requested. It was confirmed that a closure plan for SDC will be developed by October 1, 2015.
- Legislators will be engaged throughout the closure planning

process, so there shouldn't be any surprises that would keep them from approving the closure plan that will be built for SDC.

- Legislative support for keeping the DCs open is minimal, if any at all, but there is a lot of understanding and empathy throughout the system (CHHS, DDS, Regional Centers, advocates, etc.). We should be encouraged by the progress made; it is a new time in the system.

- The devil is in the details, and there will be a lot of details as we move forward.

- Significant concerns for the community system were expressed, especially in light of the Secretary's summary that indicated the increased revenue the state has been seeing is already spoken for. Do we need to shift gears as a community and take a different approach to set ourselves apart as a constituency that can effect positive change?

- It was confirmed that the May Revision budget does not include any changes to address critical needs in the community, though it does make an investment of about \$50 million in Community Placement Plan money to start preparing for the closure of SDC.

- It was asserted that the Governor and legislature need to support people coming out of the DCs with funds. It is very important they support the community services system.

- With the DC Task Force, there was recognition that there will be an on-going need for the state to provide short-term, or longer-term, "can't say no" options.

- Investments in the community are necessary to ensure that there will be the community-based providers needed to move people from DCs and serve adults in the community (especially the growing population with autism) when they can no longer be supported in their family homes.

- Is there a possibility of establishing a unified budget before the DC closures to keep money in the system?

- Unfunded mandates, such as overtime requirements, are a big problem and need to be avoided.

- There's a need to support creative ideas and innovation, one example being the self-determination program.

- Most residents of SDC have lived there a long time and may not want to go to the community. What will happen to these individuals, especially the ones in wheelchairs, as SDC closes?

MAY REVISION OVERVIEW & DISCUSSION

John Doyle, Chief Deputy Director, DDS, then walked everyone through the structure of the budget proposal. The main proposal is the closure of the remaining DCs. \$49.3 million was allotted to initiate closure activities for SDC. \$1.3 million of that is for the RCs, \$1.3 million is for DDS and about \$47 million is for startup and placement costs. These figures reflect what DDS estimated would be necessary for Fiscal Year (FY) 2015-16. As DC closure

plans come together, additional funds will be looked at annually. Homes are developed based on assessments of residents' needs.

DDS and Regional Centers (RCs) will be developing SB 962 homes ("962 homes," or Adult Residential Facilities for Persons with Significant Healthcare Needs - "ARFPSHNs") specifically for SDC. There are tentative plans to develop about twenty 962 homes in addition to what's already in process. A total of thirty-three 962 homes will be developed for SDC.

It is important to note that if you look at the FY 2014-15 budget and what's proposed now, the budget has increased by \$700 million - a significant investment in our system. The May Revision also includes some adjustments for the overtime issue referenced earlier in the meeting. For budget year, \$43.3 million is built in for overtime should the rule take effect. It is difficult to know if that will be enough, the amount is based on an estimate.

DISCUSSION ITEMS

- It was urged that everyone currently in a DC be considered as "being under closure," so Title 17 enhancements applied to people moving from Lanterman Developmental Center will be applied to everyone currently in a DC, not as each closure plan is developed. This will help ensure that placements won't slow down as people wait to be included "under closure."
- Local minimum wage changes need to be part of "the fix."
- Are there ways to incentivize providers to use the Community State Staff Program (CSSP)?
- Consideration of innovations will be part of closure planning.
- Make sure DC families hear about, and understand, what Supported Living Services (SLS) is. SLS can work well for people with significant behaviors, but affordable rents can be a significant barrier to using SLS, especially in the SDC area. Can a home be purchased that can provide subsidized rents?
- Now that closure of all the DCs has been announced, SDC staff need to be incentivized to stay on as employees to ensure the safety of the people served at SDC.
- A workgroup specific to overtime requirements and issues was suggested.

UPDATE ON IMPLEMENTATION OF DC TASK FORCE RECOMMENDATIONS

John Doyle, DDS gave a brief overview of the handout titled "DC Task Force Recommendations and Follow-Up" that details progress made on each of the six recommendations made by the DC Task Force in their January 2014 final report. Statewide stakeholder meetings in 2014 have informed the progress made to-date and the development of regulations for new models of care.

DISCUSSION ITEMS

- Participants asked for an update on the status of the Enhanced Behavioral Support Homes (EBSHs) and were informed that draft regulations should be out in the summer and that plans were moving forward for this model of care. Families would like to visit an EBSH and see this model of care in operation.
- Given the budget item preventing the admittance of adolescents to PDC, it was asked where do they go if they can't go to PDC? The Department answered that they will be looking at the new models of care to meet this need, such as EBSHs and Secure Perimeter/Delayed Egress homes. At this point in the meeting, Secretary Dooley invited the public to comment on items discussed so far. The following section summarizes the key points made by members of the public that addressed the Task Force.

PUBLIC COMMENT

- Many members of the public echoed concerns about the underfunding of the community services system, as discussed by members of the Task Force earlier in the day. The community is unified in asking for a 10% across the board rate increase until more permanent solutions can be identified. Urgent response to the needs of the community system of care is necessary, rate improvements need to be fast-tracked. Median rates are a significant problem.
- The community was "left out of" the May Revision budget, despite being in a real crisis and hundreds of thousands of people working in the community that need help.
- The Legislature has asked for a plan to close SDC, but there is a population of people in the community who have been deflected from DCs, or not allowed admittance. The closure plan for SDC should include people who are in alternative placements, like jail, who would have been in a DC.
- There is a need to address the service gaps for all regional center (RC) clients, especially for sedation dentistry. Denti-Cal does not come close to addressing true costs of service. The Task Force should focus on the huge scale of the problem, as dental services are a critical need.
- It was suggested that when evaluating needs, the Task Force should look at people who are in the hospital with no appropriate place to be discharged to. There's not an adequate infrastructure or array of services for individuals with dual diagnoses.
- There is no "average cost" to the people served in California's developmental disabilities service system.
- Health & Safety exemptions are not possible for the large number of individuals that need them, potentially hundreds at a time.
- Finding affordable housing is an even bigger issue today without redevelopment agencies. Affordable housing is the single greatest challenge to meeting the integration requirements of CMS. A successful project in Poway was referenced and Task Force members were urged to look at other state's solutions to the affordable housing issue.
- Discussions are focused on people in the DCs, but there are

thousands more people we need to help in the community.

- Minimum wage issues stated earlier by Task Force members were confirmed and more examples were given from various members of the public. Emergency measures were urged.
- DC assets need to be captured for the community.
- Supports need to follow a person, not be tied to a place or home. Especially for people with dual diagnoses.
- Don't designate DC land as surplus, use the land for clinics or affordable housing.
- Self-determination is a great program. Some elements of the program should be incorporated into RCs right now. Families should be able to access services across RC catchment areas.
- Reinstate the legislative subcommittee to address aging and autism needs.
- Behavioral respite is a service need that is not being addressed and needs to be part of the discussion.
- As the Task Force moves forward, they should not forget about Intermediate Care Facilities (ICFs). There are about 1,100 funded through Medi-Cal.

After returning from the lunch break, Kris Kent, CHHS, was asked to summarize the work done so far by the Task Force workgroups; specifically to identify where the workgroups were able to find consensus, what their focus was on, and where we still need to go. Kris shared that the workgroups started by establishing a baseline and examining where the system is now, followed by the exploration of potential solutions. There have been 3 Rates workgroup meetings since the last full Task Force meeting, and 2 Regional Center operations workgroup meetings. Included in the meeting handouts were a green and a yellow sheet summarizing the results of the workgroups' efforts so far.

REVIEW OF RATES WORKGROUP PRODUCTS & DISCUSSION

California's existing rate system is complex and has become "rate spaghetti" over time. The workgroup was asked to look at: If we could start fresh, what would an effective rate system look like? This handout (titled "Rates Workgroup Discussion Items and Points of Consensus" and printed on light green paper) summarizes the guiding principles, constraints, questions and points of structural agreement developed by the workgroup. Task Force members were asked to share their thoughts, concerns and identify if anything was missed in the summary. The points of structural agreement are intended to be the building blocks for recommendations the Task Force can make.

The group was asked: What will get us to build a rate system that is functional and sustainable?

Suggested edits to the rates handout:

- Equality should be further defined as "equal access to services across the state."
- Rates should be set by a standardized, transparent mechanism/methodology.
- It was suggested that in addition to "Transparency for negotiated rates," there should be some standardization. It was also clarified that the call for transparency relates to how everyone negotiates their rates a little differently. There is a need for people to understand those differences.
- There should be measures, plural, for consumer satisfaction and choice should be added to the last point of agreement listed on the handout.

DISCUSSION ITEMS

- Must factor in that our starting point for a new rate system is lower than where we should be.
- We need to include people outside our system such as the ICFs mentioned earlier whose rates are set by the Department of Health Care Services. A liaison to help break down walls between different systems of funding may be helpful.
- A rate system that supports a career path, good service and a quality workforce is needed.
- It was suggested that to truly be structurally sound, a new rate system should be based on costs; however, Secretary Dooley has found that with the Affordable Care Act implementation, costs may not be the best indicator. Goals and outcomes may be more appropriate measures of reimbursement. Can we figure out a way for the system to bear at least a partial relationship to cost? Best practices and quality can be factored in.
- Labor costs are more than 80% of a provider's costs. Labor rules create very little wiggle-room to make adjustments. Unlike medical providers, our system doesn't allow providers to absorb costs over time and still stay focused on quality outcomes.
- System standards today don't reflect the outcomes we want. Oversight tends to pile on solutions to one-off issues, rather than focusing on desired outcomes.
- Provider requirements are defined down to the last, little detail, which eliminates flexibility.
- There are three different areas of costs: facility costs, cost of care and cost of doing business.
- Creativity or programmatic flexibility can help with the intrinsic value people get if more money is not an option.
- Supported employment was identified as a possible priority area. If rates supported the service, providers would get back into the business.

- A broad timeline is would be helpful. Perfection or permanent solutions are not achievable, so we need to do something to allow the system to evolve to meet needs. We need to start planning for the January budget immediately to move changes forward. Ideally, the Task Force would give the Administration a proposal in the Fall so the findings and thinking of the group can be incorporated into the January budget.
- There is a shift towards managed care for long-term services in California, not just health care services. Are the Task Force's efforts moving in the same direction as the state and federal governments?
- Systems of care are a good direction to head. RCs are like the "health plan" that's responsible for the system of coordinated care focused on the whole person. Beneficiaries interface with several other systems of care that are governed differently (e.g. IHSS, medical care, behavioral health treatment). How do we design a system of care that minimizes the touch points between these systems?
- The federal matching system leads to medical model solutions in order to maximize federal matching dollars.
- A diverse system of care creates complexity; this creates barriers to access and uses resources poorly. We need to redesign the system to eliminate some of the bureaucracy when everyone is funded by the federal government.
- If we look at capitated payments based on utilization over time, with a defined set of benefits (that currently varies from area to area in our system), like health care, is that direction we want to go?
- Services follow the money, rather than the money following the person from institutional care to the services they need in the community. We need to turn that back around somehow.
- Choice = dollars. On the medical side, choice also tends to be the enemy of affordability, as seen with narrow or "closed" physician networks.
- There's "choice" around what you think you want and "choice" around services needed.
- The guiding principles are a good, strong start, but the group needs to move those forward into an actionable proposal. Is specific expertise needed to design a new system and develop the structure? The group was encouraged to consult with experts who have done this in other states.
- The Task Force is a forum to design a new system, to develop structure for the programs and determine how the system is going to work. It is not a forum to ask for more funding. The Task Force needs to examine the pie that we have, the pie is not going to get bigger, we must determine how to best make it work.
- A natural next step is to pull together an intense, smaller group with the right expertise to develop a plan (a rate formula or system design)
 - capitalizing off the investment this group has made together - that the Task Force can then react to.

The last portion of the meeting was dedicated to discussion of the Regional Center Operations Workgroup Summary handout titled "Regional Center Workgroup Points of Consensus," printed on light yellow paper in the packet of handouts.

REVIEW OF REGIONAL CENTER WORKGROUP PRODUCTS & DISCUSSION

The Task Force agreed that the goal listed at the top of the handout is comprehensive and captures the intent and feedback of the group.

The following edits were suggested for the recommendations listed below:

- 1) Funding should remain based on total caseload
- 2) The core staffing formula needs to be re-engineered
- 6) It was noted that the Department of Rehabilitation has gone to a team model
- 10) Need to work on interaction points to other systems of care, perhaps by having a liaison at the RC
- 11) "Payer of last resort" requirement causes problems, it is not necessarily the generic resources (anything not paid for by the RCs) requirement that is a problem. The requirement for most cost-effective services is a significant issue because of varying interpretations.
- 14) Audits should help prevent issues and not just be punitive and backward-looking.
- 15) Quality assurance needs to be enhanced with a focus on consumer outcomes and need to identify improvements

It was noted that "geographic disparities" were included as a constraint on the Rates Summary sheet, and need to be added to the Regional Center Operations Workgroup summary.

DISCUSSION ITEMS

- A common language to define the entitlement services is needed.
- There are three layers to identifying a common understanding of entitlement services: Different types of services listed/defined on the DDS website; o Differences in programs from place to place or RC to RC; Parent/family member interpretations of need
- A "menu" of service options may negate the charge to develop an Individualized Program Plan, which is foundational to our system. Menus of options create "I want what they have" situations.
- Families are not always informed of all of the options, they find out from each other.
- Some RCs are acting as "gatekeepers of services," rather than facilitators of services as intended. Changes to the Lanterman Act have

created this shift. The "gatekeeper" role may become more necessary as we move forward with self-determination.

- Like rates, service codes have become "spaghetti" over time and need to be streamlined and made more understandable.
- Affordable housing and rent subsidies are key. There are two things that can be helpful, that won't cost California any money: 1) We have to make sure the Able Act will allow funds to be used for rent without jeopardizing Supplemental Security Income. 2) A suggestion was made to look at how the CA Department of Housing and Community Development could open up the Section 811 Supportive Housing for Persons with Disabilities Program to more people.

Upon the conclusion of this discussion and confirming general agreement on the documents presented today, Secretary Dooley once again open the floor for public comment.

PUBLIC COMMENT

- It was requested to ensure that all Future Task Force meetings be open to the public. (They are.)
- Consideration of emergency measures in this year's budget was requested (e.g. wage pass-throughs for employees, funding the exempt overtime requirement, DDS withdraw their appeal to the Uniform Holiday Schedule, carve out of home care services through SLS rather than IHSS, is there a way to capture Community First Choice funding?).
- It was asserted that the best outcomes come from incentivized programs and hourly services vs. outcome measures.
- As we look to create a new rate system, we need to keep in mind future needs including Employment First.
- The exploding autism population must be addressed. A letter on this topic from the Autism Society of the San Francisco Bay Area was made available to Task Force members.
- A concrete timeline was encouraged. Rate system restructuring has taken years in other states.
- There was confirmation of the need to move from a cost-based service to an outcome-based one.

NEXT STEPS

Secretary Dooley indicated that CHHS staff will be meeting with DDS staff to review today's discussion and formulate some proposed next steps, be it a workgroup meeting or the smaller, more focused group of experts meeting that was discussed earlier in the day.

The full Task Force will likely meet again in in Fall or Winter to continue the group's forward momentum and determine specific actions to be taken. Workgroups may meet during the summer.

Today's [June 5, 2015] meeting will be summarized into notes that will be routed to the group to ensure everyone is on the same page.

The meeting adjourned at 3:23 p.m.

DEVELOPMENTAL SERVICES TASK FORCE CREATED IN JULY 2014

On July 3 2014, Secretary Dooley announced she would reconvene the existing Future of the Developmental Centers Task Force (now renamed "Developmental Services Task Force") that is meant to carry out the 6th and final recommendation of the original task force on developmental centers, with a new focus to look at ways to strengthen that community-based system hit since the early 2000's with major reductions in services, cuts and freezes in rates and reimbursements.

That 6th recommendation, which the Legislature approved, stated that "Although outside the scope of this Task Force's charge, the Task Force expressed a desire for DDS [Department of Developmental Services] to form another task force to address ways to make the community system stronger. Among the many issues to be considered are: 1) the sufficiency of

community rates and the impact new State and federal laws and regulations may have; 2) whether current regulations can be streamlined, particularly affecting the licensing of facilities; and, 3) whether certain benefits received by DC [Developmental Center] residents as part of a DC closure process should be broadened to others in the community. These areas have a significant and long term impact on services for individuals with intellectual and developmental disabilities."

Since December 2014 through June 2015, the task force have held a series of smaller work group meetings to focus on two major issues dealing with provider rates and restructuring of reimbursements to providers, and regional center related caseload and operations issues.

In moving forward with those series of workgroup meetings focusing in on provider rates and regional center caseload ratios and operations, Secretary Dooley noted in in December last year that "We have had a lot of thoughtful discussion in our last two [Developmental Services Task Force] meetings and it is our goal to keep the momentum going."

Two other issues of critical importance to people with developmental disabilities - medical and mental health services and supports, and the issue of housing and employment, identified during the October 2014 public meeting of the Developmental Services Task Force, were targeted for future workgroup meetings of the task force later in 2015, as work progressed on the issues of rates/rates restructuring, and regional center caseload ratios and operations. The workgroup meetings for housing and employment have not yet been scheduled.

The California Health and Human Services Agency is the state agency that oversees the departments - including the Department of Developmental Services, Department of Health Care Services, Department of Social Services, Department of Aging, Department of Rehabilitation - that administer the state's massive system of health and human services. That system includes

the nation's largest Medicaid program - called Medi-Cal, with over 12 million people who receive Medi-Cal health benefits, including eligible children and adults with developmental and other disabilities, mental health needs, the blind and low income seniors and families; and over 460,000 children and adults who receive In-Home Supportive Services (IHSS), and over 296,000 children and adults with developmental disabilities eligible for regional center services provided through a network of community-based providers and individuals. Persons eligible for those regional center services, if eligible, also may receive services under other systems of supports including Medi-Cal, IHSS, SSI/SSP, special education, mental health, foster care and adoption assistance, CalWORKS.

Though there have been studies and task forces and stakeholder groups headed by either the Department of Developmental Services or by the Legislature focusing on the need to revise or restructure regional center funded provider reimbursements and improving services and oversight, none before have been established or overseen by the California Health and Human Services Agency or headed by the agency secretary - the highest official in the Brown Administration on health and human services issues.

As previously reported by CDCAN, many advocates and policy makers view the involvement of Secretary Dooley, given her high level position within the Brown Administration, as a significant step toward addressing what advocates and policymakers from both parties have called a major crisis in the regional center funded community-based system serving tens of thousands of children and adults with developmental disabilities. Others, who cite the work of previous stakeholder groups and task forces in the last 20 years that they say were never acted on, remain skeptical. However, nearly every advocate, policymakers, including those in the Brown Administration, have stated publicly that the situation impacting over 260,000 children and adults with developmental disabilities served by regional centers and community-based providers and individuals, has reached and passed the crisis point, with an urgent need for immediate help and long term solutions.

Not specifically linked to the task force's work though impacted, is the Governor's call last June for a special session of the California Legislature focused on health care funding issues, including identifying specific dedicated funding sources for funding increases needed for developmental services and Medi-Cal providers. No hearings or floor sessions of this special session have been held by either the Assembly or State Senate since the Legislature adjourned for the year on September 11th.

LINKS TO THE DEVELOPMENTAL SERVICES TASK FORCE

For the official link on the California Health and Human Services Agency webpage on the work of the Developmental Services Task Force, which has previous meeting agendas, meeting summaries, and related documents - and also the previous work of the task force when it was known as the "Task Force on the Future of the Developmental Centers":

<<http://www.chhs.ca.gov/pages/DCsTaskForce.aspx>>

<http://www.chhs.ca.gov/pages/DCsTaskForce.aspx>

JUNE 2015: RATES WORKGROUP DISCUSSION ITEMS & POINTS OF CONSENSUS - PDF Document Copy (1 Page):

<http://www.chhs.ca.gov/DCTFDocs/Rates%20Workgroup%20Summary_DS%20Task%20Force%20meeting_6-5-15.pdf>
http://www.chhs.ca.gov/DCTFDocs/Rates%20Workgroup%20Summary_DS%20Task%20Force%20meeting_6-5-15.pdf

JUNE 2015: REGIONAL CENTER OPERATIONS DISCUSSION ITEMS AND POINTS OF CONSENSUS - PDF Document Copy (1 Page):

<http://www.chhs.ca.gov/DCTFDocs/Regional%20Center%20Workgroup%20Points%20of%20Consensus_DS%20Task%20Force%20meeting_6-5-15.pdf>
http://www.chhs.ca.gov/DCTFDocs/Regional%20Center%20Workgroup%20Points%20of%20Consensus_DS%20Task%20Force%20meeting_6-5-15.pdf

JUNE 2015 - UPDDATE ON DEVELOPMENTAL CENTERS TASK FORCE RECOMMENDATIONS - PDF Document Copy (2 Pages):

<http://www.chhs.ca.gov/DCTFDocs/Update%20on%20DC%20Task%20Force%20Recommendations_FINAL.pdf>
http://www.chhs.ca.gov/DCTFDocs/Update%20on%20DC%20Task%20Force%20Recommendations_FINAL.pdf

SUMMARY OF OCTOBER 8, 2014 TASK FORCE MEETING - PDF Document Copy (9 Pages):

<http://www.chhs.ca.gov/DCTFDocs/Meeting%20Summary_Oct%2008%202014%20Task%20Force%20Meeting.pdf>
http://www.chhs.ca.gov/DCTFDocs/Meeting%20Summary_Oct%2008%202014%20Task%20Force%20Meeting.pdf

SUMMARY OF JULY 24, 2014 TASK FORCE MEETING - PDF Document Copy (9 Pages):

<<http://www.chhs.ca.gov/Documents/DS%20Task%20Force%20July-24-14%20Meeting%20Summary.pdf>>
<http://www.chhs.ca.gov/Documents/DS%20Task%20Force%20July-24-14%20Meeting%20Summary.pdf>

FINAL REPORT OF DEVELOPMENTAL CENTERS TASK FORCE JANUARY 2014 - PDF Document Copy (59 Pages):

<<http://www.chhs.ca.gov/DCTFDocs/PlanfortheFutureofDevelopmentalCenters.pdf>>
<http://www.chhs.ca.gov/DCTFDocs/PlanfortheFutureofDevelopmentalCenters.pdf>

CDCAN - MARTY OMOTO YOUTUBE CHANNEL

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More videos - including new current videos (an interview with longtime advocate Maggie Dee Dowling is planned, among others) - plus archive videos of past events - will be posted soon.

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OCTOBER 28, 2015 - WEDNESDAY EARLY MORNING

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Many, many thanks to all the organizations and individuals for their continued support that make these reports and other CDCAN efforts possible!

From: Amy Westling <AWestling@arcanet.org>
To: "Felipe Hernandez (fhernand@elarc.org)" <fhernand@elarc.org>, "JanisWhit..."
Date: 10/28/2015 5:08 PM
Subject: Developmental Services Task Force Meeting (10/28/15) Update
Attachments: Agenda_DS Task Force public meeting_10-28-15.pdf

Secretary Dooley's Developmental Services Task Force met today in Sacramento. Attached is the agenda from the meeting. A summary of the last meeting<http://www.chhs.ca.gov/DCTFDocs/Meeting%20Summary_June%205%202015%20DS%20Task%20Force%20meeting.pdf> as well as workgroup consensus points for both provider rates<http://www.chhs.ca.gov/DCTFDocs/Rates%20Workgroup%20Summary_DS%20Task%20Force%20meeting_6-5-15.pdf> and regional center operations<http://www.chhs.ca.gov/DCTFDocs/Regional%20Center%20Workgroup%20Points%20of%20Consensus_DS%20Task%20Force%20meeting_6-5-15.pdf> are also available. Below are some of the key points from today's discussion:

- Welcome by Secretary Diana Dooley and Introductions
 - o Secretary Dooley indicated that the Administration is currently working to develop the Governor's 2015-2016 Budget.
 - o Santi Rogers will be retiring from DDS as of December 1, 2015 after more than forty years of service to individuals with developmental disabilities.
- Budget Overview
 - o Special Session
 - § Secretary Dooley reiterated her disappointment that the Special Session did not yield a solution to the Managed Care Organization Tax problem. Her previous statement on this is here<http://www.chhs.ca.gov/Documents/MCO_Statement.pdf>. She stressed that any tax solution to this will require bipartisan support.
 - o What Happens Next
 - § Secretary Dooley indicated that the Governor's Budget that will be released in January is "not going to be a pleasant Budget" and will outline how the state will operate without the MCO Tax funds.
 - § The federal overtime regulations for homecare workers will go into effect on November 13 but Department of Social Services' software to implement the changes for IHSS workers will not be ready until 2/1/16, so retroactive payment will be required for the overtime. There is still a chance that the Supreme Court will decide to hear the issue of the overtime for homecare workers.
- Updates
 - o Developmental Center Closures
 - § Sonoma DC
 - DDS filed a closure plan with the legislature on October 1, 2015.
 - H&W and Mission Analytics Group will be the oversight contractors at SDC beginning 10/26/15.
 - It will take additional time to decide what will happen to the SDC land.

§ Porterville DC (General Treatment) and Fairview DC

· Both DCs have been notified of the danger of decertification, which was anticipated. In response to these, the state will seek a settlement with CMS that is modeled on the agreement the state reached regarding SDC. The state is still anticipating a closure date of 2021 for these facilities, but this date may move in response to discussions with CMS, which would mean the state would be engaging in closure activities as multiple facilities simultaneously.

· Members expressed concern that community services need to be developed that will act as a safety net for individuals as the developmental centers close.

§ Rates

· The Secretary indicated that the state needs to conduct a large, sophisticated rate study with the help of a contractor to reform provider rates. There is no guarantee that funding for this will be in the Budget.

· Due to the amount of time that a rate study may take (2-3 years), members recommended that there be two processes, one focused on immediate financial relief and the other focused on long-term reform.

· DDS consulted with NASDDDS regarding a contractor for a rate study. During this discussion, it was noted that it is important to recognize regional differences, how to ensure specific outcomes (employment and independent living), increasing transparency in rate-settings, and engaging someone familiar with California's service system.

· The question was raised whether rates will continue to be cost-based or values (outcomes) based.

· Secretary Dooley noted that it is highly unlikely that a rate increase proposal will appear in the Governor's January Budget proposal.

· Public Comment

o Concerns were raised regarding the implementation of new overtime rules.

o A question was raised regarding the necessity of a rate study.

· Updates, Continued

o Regional Center (RC) Operations

§ John Doyle noted that ARCA is working on a proposal to address reform of regional center OPS funding.

§ It was noted that both regional centers and providers need immediate fiscal relief in addition to long-term reform.

o Home and Community-Based Services (HCBS) Advisory Group

§ That group met yesterday and members asked whether the DS Task Force would be a more appropriate venue to make some of the required policy decisions.

§ Questions were raised about the rationale for keeping the HCBS Advisory Group and the DS Task Force separate.

· Next Steps

o It was discussed that there are really three parts to the DS Task Force Work:

§ POS - The group has determined that a contractor is needed to suggest long-term reforms.

§ OPS - ARCA is working on a proposal that will drive work in this area.

§ Services - What is bought and how, including:

- Behavioral services (including mental health, forensic, and substance abuse);
- Housing; and,
- Employment.

§ Secretary Dooley noted that while this likely won't be addressed in the January Budget, the Administration is making priority lists for what to fund if money does become available.

· Public Comment

o Providers, individuals, and families need clarity from the state on changes that will come as a result of overtime and the implementation of the HCBS regulations.

o The work on affordable housing should include a broader coalition of individuals.

o Developmental center savings should be redirected to the community services system.

o DDS should coordinate with other agencies on overtime and minimum wage issues.

Please let me know if you have any questions about today's meeting. Have a great evening!

Amy Westling
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From: "Marty Omoto" <martyomoto@rcip.com>
To: <martyomoto@rcip.com>
BC Omar Noorzad
Date: 10/28/2015 9:32 PM
Subject: CDCAN REPORT (OCT 28 2015): State Capitol Update - Department of Developmental Services Director Santi Rogers To Retire Effective December 1

CDCAN DISABILITY RIGHTS REPORT

CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK

OCTOBER 28, 2015 - WEDNESDAY EVENING

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Marty Omoto (family member and advocate) at <<mailto:martyomoto@rcip.com>>
martyomoto@rcip.com or <<mailto:martyomoto@att.net>> martyomoto@att.net [new
email - will eventually replace current martyomoto@rcip.com address] Twitter:
[martyomoto](https://twitter.com/martyomoto)

Office Line: 916-418-4745 CDCAN Cell Phone: 916-757-9549

STATE CAPITOL UPDATE:

DEPARTMENT OF DEVELOPMENTAL SERVICES DIRECTOR SANTI ROGERS TO RETIRE
EFFECTIVE DECEMBER 1

Surprise Announcement Made by California Health and Human Services Agency
Secretary Diana Dooley At the Beginning of the Developmental Services Task
Force Meeting - Search for Replacement Will Get Underway - Dooley and
Advocates Praise Work and Commitment of Rogers

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 10/28/2015 11:40 AM] -
Santi Rogers, Director of the Department of Developmental Services will
retire from state service, effective December 1, 2015. The surprise
announcement was made by California Health and Human Services Secretary
Diana Dooley at the beginning of the California Health and Human Services
Agency Developmental Services Task Force meeting Wednesday morning, who
praised the commitment and work of Rogers. She thanked Rogers, widely

respected for his long career working for the rights of children and adults with developmental disabilities, noting that he ended up serving beyond his one year commitment as director of the Department of Developmental Services. Task force members and the audience in the room gave Rogers a strong ovation acknowledging his lifelong work.

Secretary Dooley said that Santi Rogers ".is finally going to actually take his retirement. It is a great disappointment to me, but approaching that age myself, I am very appreciative how well earned this is. Santi was ready to do this two years ago" but that because of his commitment to this community, ".he stepped up and said he would help us move through the transition that we were embarking on at that time two years ago."

She noted that Rogers ".agreed to serve for a year and we have wrung two years out of him. And believe, he has been through the wringer. This is very hard work we are doing together," adding that "he has a life and I respect that ever so much."

Rogers, whose appointment was announced January 14, 2014, took office in March 3, 2014, He was confirmed by the State Senate in February 17, 2015 by a vote of 36 to 0. Rogers succeeded Terri Degadillo who retired from state service in December 2013.

No replacement has yet been selected and a search for a new director will be underway, with Secretary Dooley encouraging task force members and members of the audience to submit their ideas for a "generation of new leadership". Dooley said that given the short time frame that it was "doubtful" that Rogers' replacement would be decided by his retirement date of December 1st but that "interim leadership" possibly California Health and Human Services Agency Under Secretary Michael Wilkening, would be put in place as it was before when Delgadillo, the previous director before Rogers, retired from state service two years ago.

The Department of Developmental Services is an agency under the California Health and Human Services Agency, serving over 296,000 children and adults with developmental disabilities through the 21 non-profit regional centers and a network of community-based organizations and individuals who provide services and supports. The latest budget for the department in the 2015-2016 State Budget is over \$5.9 billion (\$3.5 billion of that is State general funds), an increase of \$456.7 million above the last year's 2014-2015 State Budget (an increase of 8.3%).

Children and adults with developmental disabilities may also be eligible for other services administered by other state agencies, including In-Home Supportive Services (IHSS), intermediate care facilities funded by Medi-Cal, Medi-Cal health benefits, Medicare health benefits, SSI/SSP (Supplemental Security Income/State Supplemental Payment) grants, Medicaid Waiver Personal Care Services, community-based adult services, foster care, adoption assistance, special education, Early Start, and more.

SECRETARY DOOLEY PRAISED ROGERS COMMITMENT FOR "ALL THAT YOU HAVE DONE & INSPIRED US TO DO."

Dooley praised Rogers saying that he in ".so many ways embodied the

decades of commitment that created the Lanterman Act," and that she was ".deeply grateful and appreciative" for all that "you have done and all that you have inspired us to do."

Rogers, in response, playfully looked around the table where he sat next to Secretary Dooley, as if trying to find something and then held up his copy of the Lanterman Developmental Disabilities Services Act book that contains the landmark California civil rights act for people with developmental disabilities - the only state in the nation to have such protections for people with developmental disabilities. The gesture caused a round of warm and affectionate laughter, because everyone knew that was his signature opening to nearly every speech he has given to countless audiences through the years across the State. Now he was holding the Lanterman Act booklet at his last meeting of the Developmental Services Task Force as director of the Department of Developmental Services.

He recalled the commitment of parents and families who helped to push the passage of the historic civil rights act for people with developmental disabilities who told lawmakers 45 years ago that "we are here to speak for justice" to bring the "essence of a better life" for their children. The landmark act was authored by Republican Assemblymember Frank Lanterman, passed by a then Republican controlled Legislature, and signed into law by then Governor Ronald Reagan.

Rogers spoke of his father when he took him to visit Porterville Developmental Center when he was 12 years old, and how that experience of seeing thousands of children and adults with developmental disabilities residing there changed his life. He said he was ".honored to be a part of the service system" that has served so many people and that this was a "forever relationship".

Members of the task force around the table and members of the audience all praised and thanked Rogers for his work and commitment to the lives of people with developmental disabilities.

ROGERS BORN AND RAISED IN FRESNO - SERVED PREVIOUSLY AS DIRECTOR OF SAN ANDREAS REGIONAL CENTER

Born and raised in Fresno, California, Rogers had long experience in state government dating back to Governor Brown's first administration, working 27 years within the Department of Developmental Services as a Special Education Teacher; Director of Title I Early Education Program; Program Director; Deputy Director for the division in the department that oversaw regional centers.

He served as an Director at four Developmental Centers: Stockton (1976), Sonoma (1985), Porterville (1987) and Agnews (1992). Rogers retired from his first tour of duty in State service in 1995. From 1995 to 2014, for over 19 years, Rogers served as executive director of San Andreas Regional Center covering Monterey, San Benito, Santa Clara and Santa Cruz counties, before his temporary return to State service as Director of the Department of Developmental Services in 2014. .

San Andreas Regional Center is one of 21 non-profit agencies under

contract with the Department of Developmental Services to provide assessments, determine eligibility and coordinate regional center funded services for over 296,000 children and adults with developmental disabilities, including infants and toddlers in California's early intervention program called "Early Start".

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OCTOBER 28, 2015 - WEDNESDAY EVENING

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Many, many thanks to all the organizations and individuals for their
continued support that make these reports and other CDCAN efforts possible!

From: Marty Omoto - CDCAN (CA Disability-Senior Community Action Network)-
<martyomoto@rcip.com>
To: <onoorzad@tri-counties.org>
Date: 10/5/2015 1:02 PM
Subject: CDCAN REPORT (OCT 5 2015): BREAKING NEWS - GOVERNOR BROWN SIGNS
"END OF LIFE OPTIONS ACT" ALSO KNOWN BY OPPONENTS AS "ASSISTED SUICIDE"

CDCAN Disability-Senior Rights Report: Breaking News - GOVERNOR SIGNS "END OF LIFE OPTIONS ACT" ALSO KNOWN AS "ASSISTED SUICIDE" BY OPPONENTS
CDCAN logo

CDCAN DISABILITY-SENIOR RIGHTS REPORT
CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK
OCTOBER 5, 2015 - MONDAY AFTERNOON

Advocacy Without Borders: One Community – Accountability With Action

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(<http://www.cdcan.us/>)

HELP IS NEEDED TO CONTINUE CDCAN (SEE BELOW)

To reply to THIS Report write:

Marty Omoto (family member & advocate) at martyomoto@rcip.com (<mailto:martyomoto@rcip.com>) or martyomoto@att.net (<mailto:martyomoto@att.net>) [new email - will eventually replace current [martyomoto@rcip](mailto:martyomoto@rcip.com) address] Twitter: [martyomoto](#)

Office Line: 916-418-4745 CDCAN Cell Phone: 916-757-9549

REMEMBERING THE VICTIMS OF THE OREGON SHOOTING – THEIR LIVES WILL ALWAYS MATTER: Lucero Alcaraz, age 19; Treven Taylor Anspach, 20; Rebecka Ann Carnes, 18; Quinn Cooper, 18; Kim Saltmarsh Dietz, 59; Lucas Eibel, 18; Jason Dale Johnson, 34; Professor Lawrence Levine, 67; and Sarena Dawn Moore, 44

BREAKING NEWS:

GOVERNOR BROWN SIGNS ABX2 15 "END OF LIFE OPTIONS ACT" ALSO KNOWN BY OPPONENTS AS "PHYSICIAN ASSISTED SUICIDE/DEATH"

SACRAMENTO, CA [CDCAN LAST UPDATED 10/05/2015 12:49 PM] – Governor Brown today signed ABx2 15, the by controversial "End of Life Options Act", also known by opponents as "Physician Assisted Suicide or Death".

The Governor issued a letter explaining his decision:

To the Members of the California State Assembly:

ABx2 15 is not an ordinary bill because it deals with life and death. The crux of the matter is whether the State of California should continue to make it a crime for a dying person to end his life, no matter how great his pain or suffering.

I have carefully read the thoughtful opposition materials presented by a number of doctors, religious leaders and those who champion disability rights. I have considered the theological and religious perspectives that any deliberate shortening of one's life is sinful.

I have also read the letters of those who support the bill, including heartfelt pleas from Brittany Maynard's family and Archbishop Desmond Tutu. In addition, I have discussed this matter with a Catholic Bishop, two of my own doctors and former classmates and friends who take varied, contradictory and nuanced positions.

In the end, I was left to reflect on what I would want in the face of my own death.

I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however,

that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others.

Sincerely,
[SIGNED]
Edmund G. Brown, Jr.

CDCAN - MARTY OMOTO YOUTUBE CHANNEL

A CDCAN (Marty Omoto, family member and advocate) youtube channel was set up and has several videos dealing with current – and previous state budget issues, disability and senior rights, and advocacy. To see the current videos, including March 2014 San Andreas Regional Center Aptos Legislative Breakfast, January 2014 panel discussion on services for adults with autism spectrum and related disorders in Palo Alto, and older videos including video of April 2003 march of over 3,000 people with developmental disabilities, families, providers, regional centers and others from the Sacramento Convention Center to the State Capitol (to attend and testify at budget hearing on proposed massive permanent cuts to regional center funded services, go to the CDCAN (Marty Omoto) Channel at: <https://www.youtube.com/channel/UCEySEyhnr9LQRiCe-F7ELhg>

More videos – including new current videos (an interview with longtime advocate Maggie Dee Dowling is planned, among others) – plus archive videos of past events – will be posted soon.

Photo of Marty Omoto

PLEASE HELP!!!!!!

OCTOBER 5, 2015 - MONDAY AFTERNOON

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CDCAN Townhall Telemeetings, CDCAN Reports and Alerts and other activities cannot continue without YOUR help. To continue the CDCAN website and the CDCAN Reports and Alerts sent out and read by over 65,000 people and organizations, policy makers and media across the State, and to continue and resume CDCAN Townhall Telemeetings, trainings and other events, please send your contribution/donation (please make check payable to "CDCAN" or "California Disability Community Action Network" and mail to:

CDCAN
1500 West El Camino Avenue Suite 499
Sacramento, CA 95833

Many, many thanks to all the organizations and individuals for their continued support that make these reports and other CDCAN efforts possible!

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From: Marty Omoto - CDCAN (CA Disability-Senior Community Action Network)
<martyomoto@rcip.com>
To: <onoorzad@tri-counties.org>
Date: 10/11/2015 1:07 PM
Subject: CDCAN REPORT (OCT 11 2015): Breaking News - Gov Signs "ABLE Act" Bills To Implement New Federal Savings Program for People with Disabilities & Blind

CDCAN Disability-Senior Rights Report: Breaking News - Governor Signs "ABLE Act" Bills
CDCAN logo

CDCAN DISABILITY-SENIOR RIGHTS REPORT
CALIFORNIA DISABILITY-SENIOR COMMUNITY ACTION NETWORK
OCTOBER 11, 2015 - SUNDAY EARLY AFTERNOON

Advocacy Without Borders: One Community – Accountability With Action

CDCAN Reports go out to over 65,000 people with disabilities, mental health needs, seniors, people with traumatic brain and other injuries, people with MS, Alzheimer's and other disorders, veterans with disabilities and mental health needs, families, workers, community organizations, facilities and advocacy groups including those in the Asian/Pacific Islander, Latino, American Indian, Indian, African-American communities; policymakers, and others across the State.

Sign up for these free reports by going to the CDCAN website. Website: www.cdcan.us
(<http://www.cdcan.us/>)

HELP IS NEEDED TO CONTINUE CDCAN (SEE BELOW)

To reply to THIS Report write:

Marty Omoto (family member & advocate) at martyomoto@rcip.com (<mailto:martyomoto@rcip.com>) or martyomoto@att.net (<mailto:martyomoto@att.net>) [new email - will eventually replace current [martyomoto@rcip](mailto:martyomoto@rcip.com) address] Twitter: [martyomoto](#)
Office Line: 916-418-4745 CDCAN Cell Phone: 916-757-9549

BREAKING NEWS:

GOVERNOR SIGNS "ACHIEVING A BETTER LIFE EXPERIENCE" ABLE ACT BILLS – AB 449 BY ASSEMBLYMEMBER IRWIN AND SB 324 BY STATE SENATOR PAVLEY
Will Implement In California The New Federal Savings Program For People With Disabilities And People Who Are Blind

SACRAMENTO, CA [BY MARTY OMOTO, CDCAN LAST UPDATED 10/11/2015 12:20 PM] – Governor Brown signed today two bills – AB 449 by Assemblymember Jacqui Irwin (Democrat – Thousand Oaks, 44th Assembly District) and SB 324 by Senator Fran Pavley (Democrat – Agoura Hills, 27th State Senate District), that together will implement next year the new federal program called the "Achieving a Better Life Experience (ABLE) Act" in California, that will allow eligible people with disabilities (including developmental) to save money, including earned income, in special savings accounts that would not be, up to a certain point, included in calculating that individual's income for eligibility for supports and services.

The federal ABLE Act allows individual states to establish ABLE programs, under which a person with disabilities or a person who is blind may establish a tax-favored savings account that may accept contributions and make distributions for the individual to pay certain qualifying disability related expenses. The two bills – SB 324 and AB 449 would implement the federal program in California. Both bills take effect January 1, 2016.

Assets in an ABLE account, up to a \$100,000, are not taken into account when determining eligibility for federal welfare benefit programs. The structure and tax treatment of the account generally follows the same rules as a "529 educational savings account". After-tax contributions are placed in the account, amounts earned in the account are tax-deferred, and distributions are not included in income so long as they are used for qualifying disability related expenses.

AB 449 - INCOME TAXATION: SAVINGS PLANS: QUALIFIED ACHIEVING A BETTER LIFE EXPERIENCE (ABLE) PROGRAM
AUTHOR: Assemblymember Jacqui Irwin (Democrat – Thousand Oaks, 44th Assembly District)

CDCAN SUMMARY OF WHAT THIS BILL WOULD DO (AS SENT TO GOVERNOR):

Enacts the California "Achieving a Better Life Experience Act", which conforms the federal Personal Income Tax Law to the ABLE Act, that will allow the creation of ABLE accounts in California and ensuring that ABLE account earnings and distributions for qualified services are not included in the eligible individual's income for state tax purposes.

States that its provisions shall be "liberally construed to effectuate its intent", and only become effective only if SB 324 (Pavley) is also enacted.

Directs the ABLE Act Board to administer the program, annually prepare and adopt a written statement of investment policy in a public hearing, maintain separate accounting for each beneficiary, provide specified information to the Franchise Tax Board (FTB), and grants it specified powers, such as: (a) The power to sue and be sued, make and enter into contracts to administer the program, and engage consultants. (b) Enter into agreements with designated beneficiaries or eligible individuals to establish and maintain ABLE accounts. (c) Make provisions to pay administrative and operation costs. (d) Carry out the duties of this bill, the ABLE Act, and any federal regulations. (e) Carry out studies and projections to advise beneficiaries regarding expenses and levels of financial participation. (f) Promulgate (propose), impose and collect administrative fees in connection with transactions in the ABLE Act program trust and provide for reasonable service charges, including

cancellation penalties. (g) Set minimum and maximum investment levels. (h) Administer ABLE Act program trust funds. (i) Procure insurance against any loss and insurance indemnifying any member of the board from personal loss, or liability as a result of his, or her action, or inaction as member of the Board. (j) Issue State regulations to implement the program, including emergency State regulations. Requires the State Treasurer to appoint an executive director and determine his or her duties, as well as fix the director's salary: (a) States that the director serves at the pleasure of the Board. (b) Allows the Board to authorize the director to enter into contracts or conduct any business necessary on its behalf.

Establishes the California ABLE Program Trust: (a) Requires the Board to segregate monies into a program fund and an administrative fund, both of which are continuously appropriated to the Board to implement the ABLE Act; (b) Caps administrative costs at 3% of the incoming funds in each fiscal year for the first five fiscal years and 1% for each fiscal year thereafter; (c) Directs initial costs be funded by a loan from the General Fund sufficient to fund the first two fiscal years' projected administrative costs; (d) Allows transfers from the program fund to the administrative fund, to pay operating costs in association with administering the ABLE program trust

Allows the State Treasurer, or the investment manager by contract with the Board, to invest or reinvest funds in whole or in part: (a) Requires any investment manager to place on file for public inspection specified information, regarding investments no later than 30 days of the close of each month:

b) Requires all moneys paid by designated beneficiaries, or eligible individuals in connection with accounts be deposited into the program fund and be promptly invested and accounted for separately; (c) Allows deposits and earned interest to be used for qualified disability expenses; (d) Allows designated beneficiaries to direct the investment of any contributions; (e) States that all assets of the trust are held in trust for the beneficiary and no property rights exist in favor of the state; (f) Prohibits the state from transferring or using any assets of the trust.

Requires the Board to market the program to residents, to the extent funds are available.

Provides that ABLE contributions and distributions below \$100,000 don't count when considering individual's eligibility for any means-tested state or local program.

COPY OF (AS SENT TO GOVERNOR) – PDF DOCUMENT COPY (8 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_0401-0450/ab_449_bill_20150911_enrolled.pdf

LATEST ACTION 10/11/2015: SIGNED by Governor Brown.

NEXT STEPS: The new state law takes effect January 1, 2016, though actual provisions in this or any bill may have later implementation dates.

WHO THIS BILL IMPACTS: People with disabilities (including developmental), people who are blind, their families and others

SB 324 - INCOME TAXATION: SAVINGS PLANS: QUALIFIED ACHIEVING A BETTER LIFE EXPERIENCE (ABLE) ACT PROGRAM

AUTHOR: Senator Fran Pavley (Democrat – Agoura Hills, 27th State Senate District)

CDCAN SUMMARY OF WHAT THIS BILL WOULD DO (AS SENT TO GOVERNOR):

Establishes a California Achieving a Better Life Experience (ABLE) program, and generally conforms income tax law to the federal income tax treatment of ABLE accounts.

Provides that this bill shall only become effective if AB 449 (Irwin) of the current legislative session is enacted.

Conforms or aligns, on or after January 1, 2016, California's Personal Income Tax (PIT) Law to the federal Internal Revenue Code (IRC) Section 529A, relating to qualified ABLE programs.

Reduces the penalty for unqualified distributions from 10% to 2.5% for state purposes.

Provides that a copy of the report required to be filed with the US Secretary of the Treasury under IRC Section 529A shall be filed, at the same time and in the same manner, with the State's Franchise Tax Board (FTB).

Creates the California ABLE Act Board (board) that consists of the Treasurer, the Director of Finance, the State Controller, the Director of the Department of Development Services, the Chairperson of the State Council of Developmental Disabilities, the Director of the Department of Rehabilitation, and the Chair of the State Independent Living Council, or their designees. The Treasurer shall serve as chair of the board.

Allows a person to make contributions for a taxable year, for the benefit of an eligible individual for that taxable year, to an ABLE account that is established for the purpose of meeting the qualified disability expenses of the designated beneficiary of the account, if all of the following are met: (A) The designated beneficiary is limited to one ABLE account; and, (B) The ABLE account is established only for a designated beneficiary who is a resident of California.

Provides that a contribution shall not be accepted if either of the following occur: (A) The contribution is not in cash; or, (B) Except in the case of contributions under IRC Section 529A(c)(1)(C), the contribution to an ABLE account would result in aggregate contributions from all contributors to the ABLE account for the taxable year exceeding the amount in effect under IRC Section 2503(b) for the calendar year in which the taxable year begins.

Provides that the designated beneficiary shall retain ownership of all contributions made to the designated beneficiary's ABLE account to the date of utilization for qualified disability expenses, and all interest derived from the investment of the contributions to the designated beneficiary's ABLE account shall be deemed to be held in the ABLE program trust for the benefit of the designated beneficiary. Contributions may not be pledged as collateral for any loan.

Requires the board to develop adequate safeguards to prevent aggregate contributions on behalf of a designated beneficiary in excess of the maximum contribution limits necessary to provide for the qualified disability expenses of the designated beneficiary.

Requires the board to provide an annual listing of distributions to individuals with respect to an interest in an ABLE account to the FTB at a time and in a manner and form as specified by the Franchise Tax Board.

Requires the board to make a report to the appropriate individual of any distribution to any individual with respect to an interest in an ABLE account, at a time and in a form and manner as required by the Franchise Tax Board.

Requires the board to report the following to each designated beneficiary on an annual basis: (A) The value of the designated beneficiary's account; (B) earned interest; (C) The rate of return of the investments in the designated beneficiary's account for that reporting period; and, (D) Information on investments and qualified disability expenses that designated beneficiaries can use to set savings goals and contribution amounts.

Requires the board to provide a means for designated beneficiaries to express concerns or comments regarding the ABLE program trust and any information required to be reported by this section.

Provides that the ABLE program shall be construed liberally in order to implement the legislative intent of the bill.

Defines an "ABLE account" or an "account" as an account established and owned by a designated beneficiary for the purpose of meeting the qualified disability expenses of the designated beneficiary of the account.

Defines "administrative fund" as a fund used to administer the ABLE program.

Defines "board" as the California ABLE Act Board.

Defines the "California ABLE Program Trust" or "ABLE Program trust" as the trust created pursuant to the ABLE program.

Defines an "eligible individual" as an individual who is eligible under a qualified ABLE program for a

taxable year if during that taxable year both of the following are met: (A) The individual is entitled to benefits based on blindness or disability under Title II or XVI of the federal Social Security Act, and that blindness or disability occurred before the date on which the individual attained the age of 26; and, (B) A disability certification, as defined in the federal ABLE Act, is filed pursuant to the requirements set forth in the federal ABLE Act.

Defines a "designated beneficiary" as the eligible individual who established an ABLE account and is the owner of the account.

Defines the "federal ABLE Act" as the federal Stephen Beck Jr., Achieving a Better Life Experience Act of 2014.

Defines "investment management" as the functions performed by a manager contracted to perform functions delegated by the board.

Defines "investment manager" as a manager contracted to perform functions delegated by the board.

Defines "program fund" as a separate fund held within the California ABLE Program Trust.

Defines a "qualified ABLE program" or a "program" as a program established to implement the federal ABLE act pursuant to IRC Section 529A.

Defines "qualified disability expenses" as any expenses related to the eligible individual's blindness or disability that are made for the benefit of an eligible individual who is the designated beneficiary. These expenses include education, housing, transportation, employment training and support, assistive technology and personal support services, health, prevention and wellness, financial management and administrative services, legal fees, expenses for oversight and monitoring, funeral and burial expenses, and other expenses, which are approved by the Secretary of the Treasury under regulations and consistent with the purposes of the federal ABLE Act.

COPY OF SB 324 (AS SENT TO GOVERNOR) – PDF DOCUMENT COPY (8 PAGES):

http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0301-0350/sb_324_bill_20150910_enrolled.pdf

LATEST ACTION 10/11/2015: SIGNED by Governor Brown.

NEXT STEPS: The new state law takes effect January 1, 2016, though actual provisions in this or any bill may have later implementation dates.

WHO THIS BILL IMPACTS: People with disabilities (including developmental), people who are blind, their families and others

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Photo of Marty Omoto

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Sacramento, CA 95833

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